MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762491

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
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49								99						
50								100						
TOTAL IND.	⇩		⇩		⇩			TOTAL IND.	⇩		⇩		⇩	
TOTAL DEP.	⇦		⇦		⇦			TOTAL DEP.	⇦		⇦		⇦	
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY